

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/030157

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51									
2							52									
3							53									
4							54									
5							55									
6							56									
7							57									
8							58									
9							59									
10							60									
11							61									
12							62									
13							63									
14							64									
15							65									
16							66									
17							67									
18							68									
19							69									
20							70									
21							71									
22							72									
23							73									
24							74									
25							75									
26							76									
27							77									
28							78									
29							79									
30							80									
31							81									
32							82									
33							83									
34							84									
35							85									
36							86									
37							87									
38							88									
39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL							TOTAL									
IND.							IND.									
DEP.							DEP.									
TOTAL							CLAIMS									

BEST AVAILABLE COPY